I haden the Bassaumb De		, U.S. Palent and	Approved for use through 11/30 Trademark Office; U.S. DEPARTI	PTO/SB/122 (06-03) 2005, OMB 0651-0035 JENT OF COMMERCE	
CHANGE OF CORRESPONDENCE ADDRESS APPlication Address to Commissioner for Patents P. O. Box 1450 Alexandra, VA 223, 31-450		Application Number	10/629,173		
		Filing Date 7/29/03			
		First Named Inventor	Chan-Long Shieh		
		Group Art Unit		2823	
		Examiner Name		TOLEDO	
		Attorney Docket Number		78417 29-35 US DIV	
Please change the Corresponden	no Address for the ab	row Monthland antent to			
X Customer Number:	27975	SVO DOMINIOS PARONE IO:			
OR	21913				
				,	
Firm or		- 1044 - 1014		1	
Individual Name			<u> </u>		
dress		<u></u> -			
ddress		· · · · · · · · · · · · · · · · · · ·			
ty		State	ZIP		
ountry					
lephone		Fax			
rie form connet be used to about					
isting Customer Number use "R	equest for Customer I	d with a Customer Number. To cl Number Data Change" (PTO/SB/	range the dula associated w 124),	th an	
is form will not affect any "fee ad dress indication Form" (PTO/SE	idress" provided for ti	he above-identified patent. To ch	enge a "fee address" use th	*Fee	
m the:	,				
Patentee.					
Assignee of record of t Statement under 37 Ci	he entire interest, Se FR 3.73(b) is enclose	e 37 CFR 3.71, d. (Form PTO/SR/96).			
X Attorney or agent of re					
A Autoritory of against as re-	сого. кедізігацор мұ	mber 25,649			
ped or Cha	rles E. Wand				
nted Name	iles in vvalue	s Esq.			
nature					
L C	CT 2 5 2004		321-725-4		
TE: Signatures of all the inventor nore than one signature is require	ns or assignees of me	cord of the entire interest or their	representativa(s) are requir	ed. Submit multiple form	
Total of	forms are su	bmitted,			
This collection of information I		3. The information is required to obtain	or retain a honest by the restings	irth is th So fond by	
USPTO to process) an applica cumplete, including gathering, p	don. Confidentiality is gov preparing, and submitting	remed by 35 U.S.C. 122 and 37 CFR the completed application form for the in	.14. This collection is estimated i	o take 3 minutes to upon the individual	

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

befects in the images include but are not limited to the items che	cked:
□ BLACK BORDERS	
☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES	
☐ FADED TEXT OR DRAWING	
☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING	
☐ SKEWED/SLANTED IMAGES	
☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS	•
GRAY SCALE DOCUMENTS	
LINES OR MARKS ON ORIGINAL DOCUMENT	
$\square$ reference(s) or exhibit(s) submitted are poor quality	
OTHER:	

## IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.